

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICESPRINTED: 12/05/2014
FORM APPROVED
OMB NO. 0938-0391

454 01/17/15

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 445393	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - MAIN BUILDING 01 B. WING _____		(X3) DATE SURVEY COMPLETED 12/01/2014
NAME OF PROVIDER OR SUPPLIER BRIDGE AT MONTEAGLE (THE)			STREET ADDRESS, CITY, STATE, ZIP CODE 26 SECOND STREET MONTEAGLE, TN 37356		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE	
K 018 SS=E	<p>NFPA 101 LIFE SAFETY CODE STANDARD</p> <p>Doors protecting corridor openings in other than required enclosures of vertical openings, exits, or hazardous areas are substantial doors, such as those constructed of 1½ inch solid-bonded core wood, or capable of resisting fire for at least 20 minutes. Doors in sprinklered buildings are only required to resist the passage of smoke. There is no impediment to the closing of the doors. Doors are provided with a means suitable for keeping the door closed. Dutch doors meeting 19.3.6.3.6 are permitted. 19.3.6.3</p> <p>Roller latches are prohibited by CMS regulations in all health care facilities.</p> <p>This STANDARD is not met as evidenced by: Based on observations, it was determined the facility failed to maintain the doors protecting the corridors.</p> <p>The findings included:</p> <p>1. Observation on 12/1/14 at 11:49 AM, revealed paint on fire door labels located in the following areas: a) Front corridor fire doors located next to the kitchen b) Corridor fire doors next to rooms 201 and 241 National Fire Protection Association (NFPA) 80, 1-5.1 (1999 Edition)</p>	K 018	<p>Disclaimer:</p> <p>The Bridge at Monteagle does not believe and does not admit that any deficiencies existed either before, during or after the survey. The Facility reserves all rights to contest the survey findings through informal dispute resolution, formal appeal proceedings or any administrative or legal proceedings. This plan of correction is not meant to establish any standard of care, contract obligation or position and the Facility reserves all rights to raise all possible contentions and defenses in any type of civil or criminal claim, action or proceeding. Nothing contained in this plan of correction should be considered as a waiver of any potentially applicable Peer Review, Quality Assurance or self critical examination privilege which the Facility does not waive and reserves the right to assert in any administrative, civil or criminal claim, action or proceeding. The Facility offers its response, credible allegations of compliance and plan of correction as part of its ongoing efforts to provide quality of care to residents.</p> <p>K 018 NFPA 101 Life Safety Code Standard Doors protecting corridor openings in other than required enclosures of vertical opening, exits, or hazardous areas are substantial doors, such as those constructed of 1½ inch solid-bonded core wood, or capable of resisting fire for at least 20 minutes. Doors in sprinklered buildings are only required to resist the passage of smoke. There is no impediment to the closing of the doors. Doors are provided with a means suitable for keeping the door closed. Dutch doors meeting 19.3.6.3.6 are permitted. 19.3.6.3</p>	1/9 2015	

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that the institution's safeguards provide sufficient protection to the patients. (See Instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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K 018	Continued From page 1	K 018	Roller latches are prohibited by CMS regulations in all health care facilities. Residents affected/residents potentially affected: Though no resident(s) were mentioned, residents residing in the facility have the potential to be affected by the cited practice. The Facility Maintenance Director and Assistant Maintenance Director completed removing the paint from the identified fire door labels on 12/19/2014. The Regional Maintenance Consultant/Facility maintenance Director/Assistant Maintenance Director will correct the dragging on the fire door located next to 302 by 1/9/2015.		
K 025 SS=F	<p>NFPA 101 LIFE SAFETY CODE STANDARD</p> <p>Smoke barriers are constructed to provide at least a one half hour fire resistance rating in accordance with 8.3. Smoke barriers may terminate at an atrium wall. Windows are protected by fire-rated glazing or by wired glass panels and steel frames. A minimum of two separate compartments are provided on each floor. Dampers are not required in duct penetrations of smoke barriers in fully ducted heating, ventilating, and air conditioning systems. 19.3.7.3, 19.3.7.5, 19.1.6.3, 19.1.6.4</p> <p>This STANDARD is not met as evidenced by: Based on observations and testing, it was determined the facility failed to maintain the smoke barriers.</p> <p>The findings included:</p> <p>Observation on 12/1/14 at 11:59 AM, revealed penetrations in the smoke barriers located throughout the attic. National Fire Protection Association (NFPA) 101, 8.3.6.1</p>	K 025	<p>Systemic measures: The Facility Maintenance Director and Assistant Maintenance Director completed a 100% inspection of all fire door labels on 12/19/2014 and ensured that all were visible and not covered. The Regional Maintenance Consultant/Facility Maintenance Director/Assistant Maintenance Director will complete an inspection of all fire doors by 1/9/2015 and ensure there are no impediments to the closing of the doors.</p> <p>Monitoring Measures: The Facility Maintenance Director/Assistant Maintenance Director will inspect all fire door labels monthly and ensure they are visible and not covered and remove any coverings if found. The Facility Maintenance Director/Assistant Maintenance Director will inspect all fire doors monthly and ensure there are no impediments to the closing of the doors and to correct if found any impediments to the closing of the doors. All negative findings will be reported to the administrator immediately. All findings will be reported to the QA committee monthly.</p> <p>K 025 NFPA 101 Life Safety Code Standard Smoke barriers are constructed to provide at least one half hour fire resistance rating in accordance with 8.3. Smoke barriers may terminate at an atrium wall. Windows are protected by fire-rated glazing or</p>	1/9/2015	

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K 025	Continued From page 2	K 025	by wired glass panels and steel frames. A minimum of two separate compartments are provided on each floor. Dampers are not required in duct penetrations of smoke barriers in fully ducted heating, ventilating, and air conditioning systems. 19.3.7.3, 19.3.7.5, 19.1.6.3, 19.1.6.4.		
K 052 SS=F	<p>NFPA 101 LIFE SAFETY CODE STANDARD</p> <p>A fire alarm system required for life safety is installed, tested, and maintained in accordance with NFPA 70 National Electrical Code and NFPA 72. The system has an approved maintenance and testing program complying with applicable requirements of NFPA 70 and 72. 9.6.1.4</p> <p>This STANDARD is not met as evidenced by: Based on observations and testing, it was determined the facility failed to maintain the fire alarm system.</p> <p>The findings included:</p> <p>Observations and testing of the main fire alarm panel on 12/1/14 at 1:20 PM, revealed that when phone lines #1 or #2 were disconnect from the panel, there were no audible or visual signals at one of the three nurses stations' fire alarm's annunciator panel. The monitoring station did not received the trouble signals National Fire Protection Association (NFPA) 72, 1-5.4.6</p>	K 052	<p>Residents affected/residents potentially affected: Though no resident(s) were mentioned, residents residing in the facility have the potential to be affected by the cited practice. The Facility Maintenance Director/Assistant Maintenance Director will seal the cited penetrations in the attic with fire sealant rated at four hours by 1/9/2015.</p> <p>Systemic measures: The Facility Maintenance Director/Assistant Maintenance Director will complete a 100% inspection of all smoke barriers and ensure that all smoke barriers are free of penetrations by 1/9/2015. The Facility Maintenance Director/Assistant Maintenance Director will seal any penetrations created in the smoke barrier as they occur due to necessary building maintenance. The Facility Maintenance Director/Assistant Maintenance Director will follow up behind all outside contract work and visually inspect for and seal if found any penetrations in the smoke barriers.</p> <p>Monitoring Measures: The Facility Maintenance Director/Assistant Maintenance Director will inspect all smoke barriers for penetrations monthly for three months and quarterly thereafter, after all facility building maintenance projects requiring new penetrations to be created, and after outside contractors have performed services that could potentially have required new penetrations into the smoke barriers, to ensure smoke barriers are free of penetrations and to reseal any penetrations found upon inspection. All negative findings will be reported to the administrator immediately. All findings will be reported to the QA committee monthly.</p>		

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K 052	Continued From page 3 This findings were verified by the maintenance director during the survey and acknowledged by the administrator during the exit conference on 12/1/14.	K 052	K 052 NFPA 101 Life Safety Code Standard A fire alarm system required for life safety is installed, tested, and maintained in accordance with NFPA 70 National Electrical Code and NFPA 72. The system has an approved maintenance and testing program complying with applicable requirements of NFPA 70 and 72. 9.6.1.4	12/11/2014	
K 061 SS=F	NFPA 101 LIFE SAFETY CODE STANDARD Required automatic sprinkler systems have valves supervised so that at least a local alarm will sound when the valves are closed. NFPA 72, 9.7.2.1 This STANDARD is not met as evidenced by: Based on observations, it was determined the facility failed to supervise the require values in the sprinkler system. The findings included: Observation on 12/1/14 at 1:00 PM revealed the back flow prevention device had 2 valves that were not supervised at the main fire alarm panel. National Fire Protection Association (NFPA) 72, 2-9.1 (1999 Edition) This findings were verified by the maintenance director during the survey and acknowledged by the administrator during the exit conference on 12/1/14.	K 061	Residents affected/residents potentially affected: Though no resident(s) were mentioned, residents residing in the facility have the potential to be affected by the cited practice. Staff was educated to call 911 in the event of an actual fire due to the potential of the monitoring company not being contacted when phone lines were down. The facility fire detection contractor which maintains the fire alarm system was contacted and informed of the findings and the contractor completed the necessary work to bring the identified annunciator panel up to this code on 12/11/2014. Systemic measures: The fire alarm contractor tested all annunciator panels on 12/11/2014 and ensured that each responded with an audible and a visual signal when the phone lines were disconnected. Monitoring Measures: The Facility Maintenance Director/Assistant Maintenance Director will test all annunciator panels monthly to ensure all annunciator panels respond with an audible and a visual signal when the phone lines are disconnected and report any problems found to the facility contractor for fire detection for repairs. All negative findings will be reported to the administrator immediately. All findings will be reported to the QA committee monthly.		
K 062 SS=E	NFPA 101 LIFE SAFETY CODE STANDARD Required automatic sprinkler systems are continuously maintained in reliable operating condition and are inspected and tested periodically. 19.7.6, 4.6.12, NFPA 13, NFPA 25,	K 062	K 061 NFPA 101 Life Safety Code Standard Required automatic sprinkler systems have valves supervised so that at least a local alarm will sound when the valves are closed. NFPA 72, 9.7.2.1 Residents affected/residents potentially affected: Though no resident(s) were mentioned, residents	1/9/2015	

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K 062	Continued From page 4 9.7.5 This STANDARD is not met as evidenced by: Based on observations and records review, it was determined the facility failed to maintain the sprinkler system. The findings included: 1. Observation on 12/1/14 at 12:26 PM, revealed corroded sprinklers in the following areas: a) West shower room (2 each) b) Special care unit shower room National Fire Protection Association (NFPA) 25, 2-2.1.1 (1999 Edition) 2. Observation of room 208 on 12/1/14 at 12:28 PM, revealed 2 painted sprinklers. NFPA 25, 2-2.1.1 (1999 Edition) 3. Record review on 12/1/14 at 1:54 PM, revealed the facility failed to provide documentation for the sprinkler systems 5 year obstruction investigation. NFPA 25, 10.2 (1999 Edition) These findings were verified by the maintenance director during the survey and acknowledged by the administrator during the exit conference on 12/1/14.	K 062	residing in the facility have the potential to be affected by the cited practice. The facility contractor for fire detection and the facility contractor for fire suppression were contacted and notified of this finding and both contractors will complete the necessary work to bring the identified valves up to code by 1/9/2015. Systemic measures: All facility backflow prevention devices and valves will be inspected by the facility contractor for fire detection and verified to be in compliance with this code by 1/9/2015. Monitoring Measures: All back flow prevention valves will be inspected quarterly by the facility contractor for fire detection to determine they are in compliance with this code and to repair any problems found in order to maintain compliance with this code. All negative findings will be reported to the administrator immediately. All findings will be reported to the QA committee monthly.	1/9/2015	
K 067 SS=F	NFPA 101 LIFE SAFETY CODE STANDARD Heating, ventilating, and air conditioning comply with the provisions of section 9.2 and are installed in accordance with the manufacturer's specifications. 19.5.2.1, 9.2, NFPA 90A,	K 067	Systemic measures: The facility contractor for fire suppression will inspect all sprinklers and verify that they are in compliance with this code by 1/9/2015. Monitoring Measures: The Facility Maintenance Director/Assistance Maintenance Director will inspect sprinklers		

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K 067	Continued From page 5 19.5.2.2 This STANDARD is not met as evidenced by: Based on observations and an interview, it was determined the facility failed to maintain the heating, ventilating, and air conditioning (HVAC) system. National Fire Protection Association (NFPA) 90 A (1999 Edition) The findings included: 1. Observation on 12/1/14 at 11:45 AM, revealed paint on the ceiling fire damper fusible links located the following areas: a) Front corridor next the therapy office b) Laundry room c) Beauty shop d) Nurse practitioner office e) Corridor next to room 140 National Fire Protection Association (NFPA) 90 A (1999 Edition) 2. Observation on 12/1/14 at 12:08 AM, revealed the laundry washer room's exhaust vent was not working. Interview with the maintenance director revealed the fan has not been working for a week. NFPA 90 A (1999 Edition) These findings were verified by the maintenance director during the survey and acknowledged by the administrator during the exit conference on 12/1/14.	K 067	monthly to verify they are in compliance with this code and report any problems found to the facility contractor for fire suppression for repairs. All negative findings will be reported to the administrator immediately. All findings will be reported to the QA committee monthly. K 067 NFPA 101 Life Safety Code Standard Heating, ventilating, and air conditioning comply with the provisions of section 9.2 and are installed in accordance with the manufacturer's specifications. 19.5.2.1, 9.2, NFPA 90A, 19.5.2.2 Residents affected/residents potentially affected: Though no resident(s) were mentioned, residents residing in the facility have the potential to be affected by the cited practice. The Facility Maintenance Director/Assistant Maintenance Director will replace the identified fire dampers with new fire dampers containing new fusible links by 1/9/2015. Systemic measures: The Facility Maintenance Director/Assistant Maintenance Director will inspect all fire damper fusible links and verify that they are in compliance with this code by 1/9/2015. Monitoring Measures: The Maintenance Director/Assistant Maintenance Director will inspect all fire damper fusible links quarterly to verify they are in compliance with this code and replace any found not in compliance with new fire dampers containing new fusible links. All negative findings will be reported to the administrator immediately. All findings will be reported to the QA committee monthly.	1/9/2015	
K 069 SS=E	NFPA 101 LIFE SAFETY CODE STANDARD Cooking facilities are protected in accordance	K 069	K 069 NFPA 101 Life Safety Code Standard Cooking facilities are protected in accordance with 9.2.3. 19.3.2.6, NFPA 96 Residents affected/residents potentially affected: Though no resident(s) were mentioned, residents residing in the facility have the potential to be affected by the cited practice. The damaged filter	1/9/2015	

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K 069	Continued From page 6 with 9.2.3. 19.3.2.6, NFPA 96 This STANDARD is not met as evidenced by: Based on observations it was determined the facility failed to maintain the cooking facilities. The findings included: Observation of the kitchen's exhaust hood system on 12/1/14 at 11:49 AM, revealed one damaged filter. National Fire Protection Association (NFPA) 96, 8-4 (1998 Edition) This finding was verified by the maintenance director during the survey and acknowledged by the administrator during the exit conference on 12/1/14.	K 069	identified will be replaced with a new filter by 1/9/2015. Systemic measures: The Maintenance Director/Assistant Maintenance Director will inspect all the kitchen exhaust hood system filters and ensure that all filters are in compliance with this code by 1/9/2015. Monitoring Measures: The Maintenance Director/Assistant Maintenance Director will inspect all the kitchen's exhaust hood system filters monthly to ensure that each filter is in compliance with this code and replace any filters found not to be in compliance. All negative findings will be reported to the administrator immediately. All findings will be reported to the QA committee monthly.		
K 147 SS=E	NFPA 101 LIFE SAFETY CODE STANDARD Electrical wiring and equipment is in accordance with NFPA 70, National Electrical Code. 9.1.2 This STANDARD is not met as evidenced by: Based on observations and records review, it was determined the facility failed to maintain the electrical equipment. The findings included: Records review on 12/1/14 at 1:54 PM, revealed the facility did not conduct the required annual retention force test of the grounding blade of each electrical receptacle located in the patient care areas. National Fire Protection Association (NFPA) 99, 3-3.3.3 (1999 Ed)	K 147	K 147 NFPA 101 Life Safety Code Standard Electrical wiring and equipment is in accordance with NFPA 70, National Electrical Code 9.1.2 Residents affected/residents potentially affected: Though no resident(s) were mentioned, residents residing in the facility have the potential to be affected by the cited practice. The Facility Maintenance Director/Assistant Maintenance Director will complete the annual retention force test of the grounding blade of each receptacle in the patient care areas and ensure that all receptacles meet this code by 1/9/2015. Systemic measures: The Facility Maintenance Director developed a process to check each receptacle located in patient care areas to assist in conducting the required annual retention force test of the grounding blade of each electrical receptacle located in the patient care areas. This test will be completed annually as part of the facility preventative maintenance process. Monitoring Measures: The Facility Maintenance Director/Assistant Maintenance Director will conduct the retention force test of the grounding blade of fifty electrical receptacles located in the patient care areas monthly	1/9/2015	

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K 147	Continued From page 7 This finding was verified by the maintenance director during the survey and acknowledged by the administrator during the exit conference on 12/1/14.	K 147	for three months, and the required annual retention force test of the grounding blade of each electrical receptacle located in the patient care areas annually to ensure that all receptacles meet this code and replace any found to not be in code. All negative findings will be reported to the administrator immediately. All findings will be reported to the QA committee monthly.	